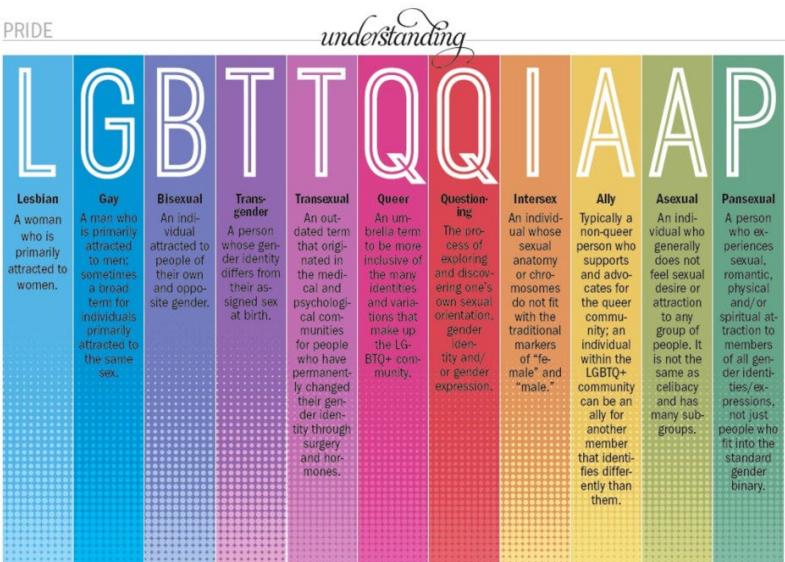


Sexual & Gender Minority Populations & Disparities in Care for Central Nervous System Disorders



Jason Flatt, PhD, MPH
Pronouns: He/They

Sexual minority – individuals who self-identify as **asexual, bisexual, gay, lesbian, queer**, as well as those who do not self-identify with these terms but whose sexual orientation varies from heterosexual



Gender minority – individuals who self-identify as **transgender & non-binary**, as well as those with a gender identity and/or expression that does not conform to social & cultural expectations based on the sex assigned to them at birth.

Cisgender - a term used to describe people whose gender identity aligns with the sex assigned to them at birth.

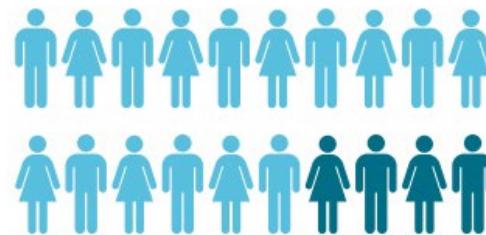
Sexual orientation & gender identity may evolve over the lifespan.

2.7 MILLION LGBT ADULTS AGED 50 AND OLDER

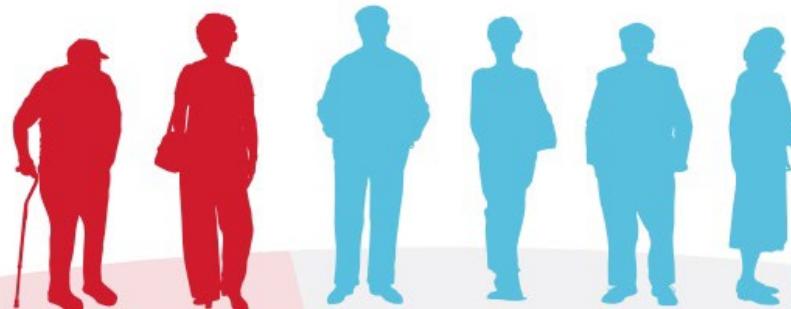
1.1 MILLION ARE 65 AND OLDER



APPROXIMATELY **ONE IN FIVE** (20%) LGBT OLDER ADULTS ARE PEOPLE OF COLOR



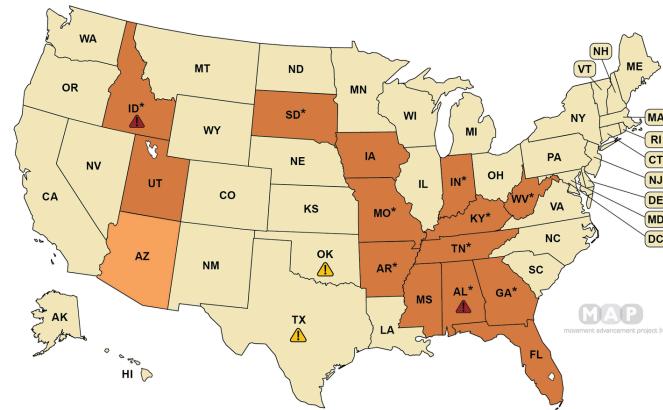
ONE-THIRD OF LGBT OLDER ADULTS LIVE AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL



- Barriers to healthcare access & use
- Lifetime exposure to discrimination & trauma

Unique concerns:

- Intersect with race/ethnicity
- Less likely to be married or have children
- 2-3X as likely to live alone
- Little to no caregiver support



BANS ON BEST PRACTICE MEDICAL CARE FOR TRANSGENDER YOUTH

State bans best practice medication and surgical care for transgender youth (7 states)



State bans best practice surgical care for transgender youth (1 state)



State does not ban best practice medical care for transgender youth (42 states, 5 territories + D.C.)



State ban makes it a felony crime to provide best practice medical care for transgender youth (1 state)



State has taken steps to ban or restrict best practice medical care for transgender youth, but state law does not ban this care (3 states)



CORNERSTONES OF SUCCESSFUL AGING



ECONOMIC SECURITY



SOCIAL CONNECTIONS



HEALTH AND WELL-BEING

KEY CHALLENGES FOR LGBT OLDER ADULTS



A LIFETIME OF DISCRIMINATION AND LACK OF LEGAL AND SOCIALrecognition



A RELIANCE ON CHOSEN FAMILY



A LACK OF COMPETENT INCLUSIVE HEALTHCARE

- Historical & current pathologizing of sexual & gender identities in DSM
- Lack protections for basic human rights (e.g., housing, employment, healthcare)
- Compounded for intersecting marginalized identities (gender, race/ethnicity, serostatus, disability)

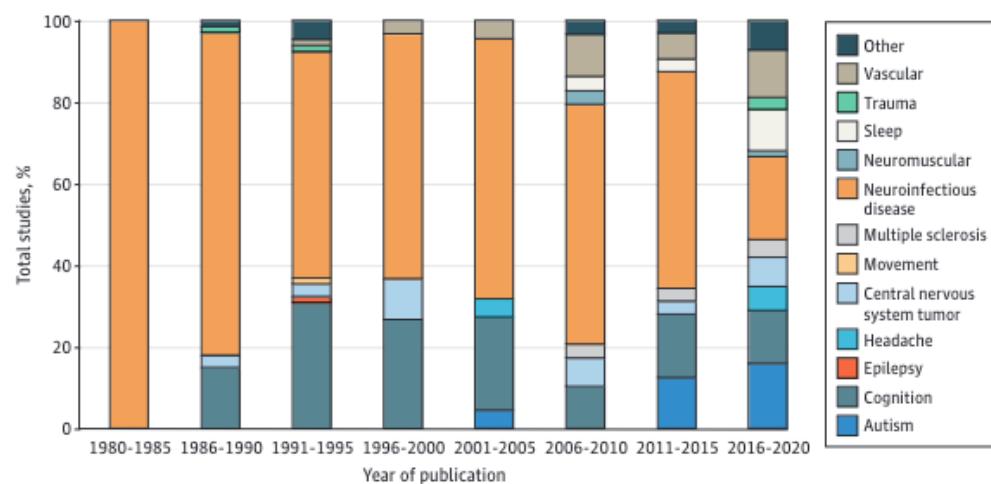
Sexual and Gender Minority Health in Neurology

A Scoping Review

Nicole Rosendale, MD; Jeffrey O. Wong, BS; Jason D. Flatt, PhD, MPH; Evans Whitaker, MD, MLIS



Figure 2. Percentage of Neurologic Studies in Sexual and Gender Minorities by Topic



- **Very little research**
- Less than 1 in 3 provided race/ethnicity or country of origin
- Most with **cisgender** adults (83%) & gay and/or bisexual men (72%)
- **HIV** was major focus (71%)
- Only 5 studies with **people aged 60+**

SUBJECTIVE COGNITIVE DECLINE AMONG LESBIAN, GAY, BISEXUAL, TRANSGENDER (LGBT) ADULTS

2015–2018 Behavioral Risk Factor Surveillance System (BRFSS) Data from Lesbian, Gay, Bisexual, Transgender (LGBT) Adults in 25 States: People Aged 45 Years and Older

1 in 7

people aged 45 years and older are experiencing Subjective Cognitive Decline



SCD is self-reported MEMORY PROBLEMS that have been GETTING WORSE over the past year.

36% of people with SCD had to give up day-to-day activities

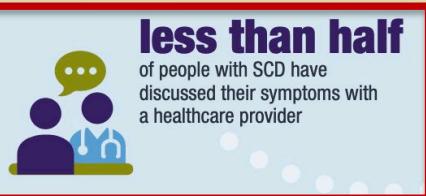


one in three

of people with SCD say it interfered with social activities, work or volunteering



80% of people with SCD have at least one chronic condition



less than half

of people with SCD have discussed their symptoms with a healthcare provider

36% of people with SCD need help with household tasks



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DOI: 10.1002/trc2.12197

Alzheimer's & Dementia
Translational Research
& Clinical Interventions

RESEARCH ARTICLE

Subjective cognitive decline higher among sexual and gender minorities in the United States, 2015–2018

Jason D. Flatt¹ | Ethan C. Cicero² | Nickolas H. Lambrou³ | Whitney Wharton² |
Joel G. Anderson⁴ | Erin D. Bouldin^{5,6} | Lisa C. McGuire⁵ | Christopher A. Taylor⁵

Memory Problems

16% vs 11%
SGM Non-SGM



Study supported by NIA - K01AG056669 (Flatt)



U.S. Department of
Health and Human Services
Centers for Disease
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CS 303070-A June 2020

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Article

Subjective Cognitive Decline Associated with Discrimination in Medical Settings among Transgender and Nonbinary Older Adults

Nickolas H. Lambrou ¹, Carey E. Gleason ^{1,2,3}, Juno Obedin-Maliver ^{4,5,6}, Mitchell R. Lunn ^{4,6,7} , Annesa Flentje ^{8,9}, Micah E. Lubensky ⁸  and Jason D. Flatt ^{10,11,*} 

TRANSGENDER AND NONBINARY OLDER ADULTS: MEMORY CONCERNs AND DISCRIMINATION IN MEDICAL SETTINGS

Flatt et al., International Journal of Environmental Research and Public Health [2022]



What does this mean for our communities?

When transgender and nonbinary older adults have memory problems, it is important that they get the care they need.

These memory problems could be an early symptom of Alzheimer's disease.

Discrimination in medical settings may prevent transgender and nonbinary older adults from getting care, leaving them more at risk for Alzheimer's disease.

We hope other researchers and healthcare providers will create more inclusive and welcoming spaces and services for trans and nonbinary older adults!

What did we learn?

Trans and nonbinary participants were over **2X** more likely to report discrimination in medical settings compared to cisgender LGBTQ+ participants.

Trans and nonbinary older adults who experienced discrimination in medical settings were **5X-8X** more likely to report having memory problems.

New & Notable

This is one of the first studies that looked at memory concerns for trans and nonbinary older adults. Most aging and brain health research doesn't ask about gender identity.

- Measures from Health & Retirement Study
- **Transgender & non-binary elders** with memory problems reported **greater discrimination in medical settings**
- **Discrimination in medical settings could prevent early detection of central nervous system disorders**

Study supported by NIA RCMAR - P30AG015272

Perceived Discrimination in Healthcare for LGBTQIA+ People Living with Parkinson's Disease

Get access >

Ece Bayram, MD, PhD ✉, Alexandra J Weigand, Jason D Flatt, PhD, MPH

The Journals of Gerontology: Series B, gbad046, <https://doi.org/10.1093/geronb/gbad046>

Published: 10 March 2023 Article history ▾



- LGBTQIA+ people living with Parkinson's disease reported highest frequency of perceived discrimination in healthcare
- **Discrimination higher for cisgender, heterosexual women and LGBTQIA+ people living with PD compared with cisgender, heterosexual men**

Table 2. Discrimination in Medical Settings Scale.

- | |
|---|
| You are treated with less courtesy than other people. |
| You are treated with less respect than other people. |
| You receive poorer service than others. |
| A doctor or nurse acts as if he or she thinks you are not smart. |
| A doctor or nurse acts as if he or she is afraid of you. |
| A doctor or nurse acts as if he or she is better than you. |
| You feel like a doctor or nurse is not listening to what you were saying. |

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

CONSENSUS STUDY REPORT

Measuring Sex, Gender Identity, and Sexual Orientation

<https://nap.nationalacademies.org/catalog/26424/measuring-sex-gender-identity-and-sexual-orientation>

1. We need more research on central nervous system disorders among SGM populations
2. Promote resilience, cultural humility, training & build skills among healthcare providers
3. We need SOGI data
4. More research (e.g., RISE, PRIDE)
5. Advocacy: Support SGM caregivers, families of choice, and ensure inclusive services for all people
6. Mentoring & funding to support SGM students, early-career researchers, & clinicians

Acknowledgements

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- The content is solely the responsibility of the author & does not necessarily represent the official views of the National Institutes of Health
- No conflicts of interest to report

Thank you!



Rainbows
of.
Aging

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